

**Arkansas Family Planning 1115 Demonstration Renewal  
(Women's Health)  
State's Response to CMS's Questions**

**August 23, 2002**

**General**

1. Does the State have any 2001 data on averted births?

**RESPONSE**

*No. Medicaid raw data is available but hasn't been formally accessed, assembled nor analyzed to declare averted births for year 2001. The analysis is due to be completed in December 2002.*

*Current plans are to review / declare Program Years 2000-2002 births and pregnancies averted information in the 2<sup>nd</sup> overall interim Family Planning Waiver Evaluation (FPWE) in a report that is due to be delivered in mid calendar year 2003. The final report for the FPWE, that covers Program. Yrs. 1-6 (9/97 - 8/02 + 1 yr. lag to 8/03), will follow sometime thereafter.*

2. Men are not covered under the waiver. Please explain the relationship between the waiver program and the discussion of how the waiver has affected the increase in the number of vasectomies? How were the vasectomies paid for?

**RESPONSE**

*Medicaid does not directly reimburse the Arkansas Department of Health (ADH) for vasectomies through the waiver. However, the Family Planning waiver has allowed ADH to save program dollars, which otherwise would have been spent on family planning services, for other uses. ADH has used these savings and Title X funding to provide vasectomies to all males who have requested it, including those who are not Medicaid eligible. If it had not been for the reimbursements from the waiver, it would be unlikely that sufficient funds would be available to provide this service.*

3. Please provide more information about the effect of the program on STD detection and treatment. Was STD treatment a covered service under the waiver program?

**RESPONSE**

*Family Planning clinical services at the ADH clinics are in accordance with the Title X required guidelines. A basic visit includes the following: medical history, a physical exam including a pelvic exam, evaluation of the head, neck, breast, chest and extremities, weight, blood pressure, counseling and education regarding breast self-exam, full range of*

*available contraceptive methods, HIV/STD prevention (counseling and education), and a prescription for the selected method of contraception. The following laboratory services are available: pregnancy test, hemoglobin / hematocrit, sickle cell screening, Papanicolaou smear for cervical cancer and testing for sexually transmitted disease.*

*Clients are screened for Syphilis, Gonorrhea and Chlamydia as part of the basic visit. HIV testing is offered to all clients. Wet preps are performed to diagnose abnormal vaginal discharge.*

*In the ADH clinics, family planning patients, including patients served under the waiver, receive screening for Syphilis, Gonorrhea and Chlamydia. STD treatment is not covered under the waiver, but is provided by ADH through other sources. Treatment is provided at the local health unit from stock medication. Referrals are also made to ADH STD clinics. Treatment for any sexually transmitted disease is provided in accordance with the STD Guidelines in the ADH STD policy and procedure manual.*

4. Please provide details on your evaluation design for the next waiver period. Who will conduct the evaluation, etc?

RESPONSE

*We anticipate that the evaluation design for the next waiver period will be similar to the design used for the interim report, with modifications made as deemed necessary due to any changes in the final approved extension waiver; the scope and processes contained in the waiver extension will dictate the details of the evaluation design.*

*The State will be required to release a “Request For Proposal” and receive bids for the waiver extension evaluation, therefore we do not know who will perform the evaluation of the extension.*

**Access**

5. Please provide more information about the “other points of service advertising methods” currently being considered for development. (Page 5)

RESPONSE

*The pamphlet “Your Guide to Family Planning” is available in all ADH Local Health Units for the women who are in need of publicly funded contraceptive services. If the patient is illiterate, the information is communicated verbally. New family planning patients are asked if they are interested in the waiver and if they are interested, it is described to them.*

*The use of handbills, posters and videos are other possible avenues to communicate information on the waiver. This would need to be decided on a local basis, depending on*

*the community and the community's needs.*

6. What “best practices” are being proposed for dissemination? What criteria are being used to identify such best practices? (Page 6)

RESPONSE

*The Arkansas Department of Health has participated in a Reproductive Healthcare Best Practices Project, which is currently in its final stage. HealthMetrics Partners Inc. from Lexington, MA. is conducting the project. HealthMetrics provided data collection on initial and/or annual oral contraceptive visits to determine clinical indicators, unit costs, patient satisfaction and staff satisfaction for selected clinic sites. In addition to the Arkansas sites, HealthMetrics has over 100 other sites in 27 states taking part in the project. The data is being analyzed and comparisons between clinics will be made to identify best practice processes. The results are to be presented September 17, 2002. Our intention is to share the results of this project so others may use the information to improve clinical operations and to reduce costs.*

7. The State should work to make the family planning waiver brochures available in Spanish

RESPONSE

*ADH has contracted an interpreter for the development of the Spanish version of “Your Guide to Family Planning Services” pamphlet earlier this year. The pamphlet will be available in Spanish as soon as possible after notification of the approval of the Women’s Health Waiver.*

**Population/Funding**

8. How many people are you estimating to serve during the renewal period? How many additional persons will be served as a result of the increase in the FPL?

RESPONSE

*See Attachment 11-A*

9. Since the State is raising the FPL to 200 percent, how will you deal with the increased demand for services? Will additional outreach be provided to reach these people? Does the State have plans to increase the number of providers?

RESPONSE

*At the present time, there are no plans to increase the number of providers within the Arkansas Department of Health. There is excess capacity with regards to space to accommodate more patients. If and when capacity is reached, the ADH will add clinics at the local health units to increase the time devoted to family planning patients. Hiring of*

*additional Registered Nurse Practitioners (RNP) will be conducted through the usual channels as needed. Right now they have some excess capacity in parts of the state for RNPs, but not in all parts. Recruitment of RNPs in rural areas has always been successful in the past.*

*ADH and the Department of Human Services (DHS) will pursue recruitment of additional providers outside the ADH. One approach we are pursuing is to partner with other health provider groups to ensure care is available. One group that we are working with is the Community Health Centers. Other groups that will be contacted are the Arkansas Health Education Centers and the Federally Qualified Rural Health Clinics in the state.*

*Outreach to providers for the Women's Health Waiver will also be made through the regional training/conferences for Medicaid providers. This may take the form of information booths, poster boards and workshops conducted in concert with conference and professional organizations. Information and outreach will also be included in a newsletter for Medicaid providers, through DHS, the Arkansas Medical Society and other groups. In areas that are underserved, ADH Health Unit Administrators, who work closely with Home Town Health Coalitions can provide local health providers information about the Women's Health Waiver. The Division of Medical Services (DMS), through its contracts with Electronic Data Systems (EDS) and the Arkansas Foundation for Medical Care, has frequent contact with medical providers for recruitment and information sharing.*

*For the women who are in need of publicly funded contraceptive services, ADH clinics are increasingly using newspaper advertising and handbills to communicate information on the waiver and other clinic services. The communication method is determined on a local basis, depending on the community and the community's needs. ADH will develop programmatic materials, including brochures, posters, flyers, news releases, and ad copy for adaptation at the local community level to publicize the availability of family planning services. ADH has developed franchise agreements with each of its five regions that include goals for provision of family planning services. Funding and staffing for each of the regions is related to achievement of these goals and is intended to act as an incentive for the Regions and local health clinics to increase provision of services.*

*The Division of County Operations (DCO) has no plans to conduct additional outreach. The main objective in raising the income eligibility standard is make it equal to the income eligibility standard for the pregnant women aid category. That way a woman receiving services during her pregnancy can automatically transition to the Women's Health waiver after her post-partum period.*

10. Why are you including prenatal care costs? These costs are generally not included in family planning waivers.

RESPONSE

*References to 'prenatal costs' in the Application document only refer to Medicaid cost savings in other categories, attributable to the family planning waiver. This fits well with Objective #6 which is to: Offset the expenditures under the waiver with reductions in other Medicaid expenditures.*

*If the question is referring to the cost elements listed in the Interim Evaluation, such as "Pregnancy related" claims and costs under the FP Waiver p.16., this category refers to the cost of pregnancy tests. Many pregnancy tests are performed in the family planning clinics. According to the Reproductive Health and Cervical Cytology policy at the ADH, pregnancy tests are required for:*

- missed menstrual cycles*
- before prescribing medication for treatment of vaginal inflammation,*
- before injection of Depo Provera if more than 13 weeks since last injection,*
- undiagnosed bleeding between menstrual cycles patient, and*
- complaint of pregnancy related symptoms.*

*The category of "Pregnancy related" was perhaps a poor choice of words and should have been labeled "Pregnancy Tests".*

11. How many women were served in each year of the project? How does this compare to the State's original estimates of over the five-year program period? How many were continuing clients? What percentage were seen by private providers as compared to public health clinics?

RESPONSE

*See Attachment 11-B and Attachment 12. (These are attached in an Excel spreadsheet).*

12. Please provide additional data on the number of women of childbearing age in the State, total number of pregnancies in the State, level of current unmet need in the State for services, etc?

RESPONSE

**2000**

*In 2000, the women of childbearing age (traditionally 15-44, although a few births occur outside that range) = 563,073.*

*Pregnancies*

*Births = 37,791*

*Fetal Deaths greater than 20 weeks gestation = 280,*

*Induced Terminations = 4,758.*

*Grand Total = 42,829\**

*\* This ignores spontaneous abortions under 20 weeks gestation, as is standard statistical practice. Some people add 10% to account for these, which would bring the total pregnancies to 47,112.*

## **2001**

*In 2001, women of childbearing age (traditionally 15-44, although a few births occur outside that range) = 566,029.*

### *Pregnancies*

*Births = 36,896*

*Fetal Deaths greater than 20 weeks gestation = 300*

*Induced Terminations = 5,027*

*Grand Total = 42,223\**

*\* This ignores spontaneous abortions under 20 weeks gestation, as is standard statistical practice. Some people add 10% to account for these, which would bring the total pregnancies to 46,445.*

13. Please provide more detailed information about how the “reimbursement” from the family planning Medicaid waiver is being used to support two teen pregnancy prevention programs. (Page 13 and 27). Also, please explain how “income from the family planning waiver” in the amount of \$176,000 is being used to support the Title V abstinence education program. (Page 26)

### RESPONSE

*The portion of the funds that the ADH receives in reimbursement for direct family planning services for participants in the Family Planning Medicaid Waiver saves other ADH funds, which are then used to support family planning services and prevention activities aimed at reducing the number of unwanted or unplanned pregnancies in the state of Arkansas. Two of these activities are the Unwed Birth Prevention Project and the Arkansas Abstinence Education Program. The Unwed Birth Prevention Project is a statewide multi-faceted approach to reduce the number of unwed births and teenage pregnancies in Arkansas. This is done through the establishment of sub-recipient agreements with up to 15 county coalitions, who develop and implement plans and programs to reduce unwed teenage pregnancies. The Abstinence Education Program is similar in purpose and structure. Up to 15 community organizations have been funded.*

*Medicaid does not directly reimburse ADH through the waiver for provision of any service beyond the scope of the waiver, including the Unwed birth Prevention Project or the Abstinence Education Project.*

*The ADH funds (saved as a result of the family planning waiver income), which are used for the Arkansas Abstinence Education Program is as follows:*

<i>Personnel</i>	<i>\$ 47,748</i>
<i>Fringe</i>	<i>14,095</i>
<i>Travel</i>	<i>12,375</i>
<i>Supplies</i>	<i>7,300</i>
<i>Subrecipient</i>	
<i>Agreements</i>	<i>568,228</i>
<i>Evaluation</i>	<i>124,263</i>
<i>Media Campaign</i>	<i>68,450</i>
<i>Total</i>	<i>\$842,459</i>

*This is in addition to \$660,004 received through the Maternal and Child Health Bureau and almost \$500,00 in-kind match from subrecipients.*

*The ADH funds (saved as a result of the family planning waiver income), which are used for the Unwed Birth Prevention Project is as follows:*

<i>Personnel</i>	<i>\$ 45,000</i>
<i>Fringe</i>	<i>14,000</i>
<i>Subrecipient</i>	
<i>Agreements</i>	<i>495,000</i>
<i>Evaluation and</i>	
<i>TA</i>	<i>100,000</i>
<i>Media Campaign</i>	<i>68,000</i>
<i>Total</i>	<i>\$722,000</i>

## **Providers**

14. Please provide more information about how the State plans to move forward with its plan to allow private providers to enroll women in the waiver program. (Page 7 and 15)

### RESPONSE

*Private providers will not be determining eligibility nor enrolling women in the waiver. Family planning providers will be assisting patients in applying. DHS will provide supplies of the applications to private providers. The private provider can assist the patient in completing the form and mailing the form to the local DHS county office. In addition to mailing the form, the private provider can also fax the form to the DHS county office on the same day the form is completed in order to preserve the application date. Whether received by a fax or through the mail, the DHS county office will honor the date that it is first*

*received. DHS does have plans to mail a letter of explanation of this process to all family planning providers with copies of the application.*

15. If a shortage of providers occurs, how will the State recruit additional providers, especially in rural areas?

RESPONSE

*See question # 9*

**Eligibility**

16. Will private providers make the eligibility determinations?

RESPONSE

*No, please see the answer to question 14.*

17. How is eligibility determined? What information do potential enrollees need to provide to prove eligibility?

RESPONSE

*DHS accepts the mail-in application and does not require an interview. Self-declaration of all eligibility points is accepted except for alien status for non-citizens.*

18. Please verify that the State screens to ensure that enrollees are not potentially eligible for other Medicaid programs.

RESPONSE

*When Family Planning applications are received by DHS, the caseworker checks to see if the applicant is a current Medicaid applicant/recipient. If not, the caseworker then screens the application and determines if the applicant might possibly be eligible for another category. If the applicant appears eligible in another category, the caseworker will contact the applicant and assist her in applying for the appropriate category.*

19. Will the State redetermine eligibility during the five-year waiver period?

RESPONSE

*For recipients who were enrolled in the waiver during the first five years, the procedures at VII. C. (page 31) in the waiver will be followed. A redetermination of eligibility will not be completed during the five-year period for new recipients enrolled during the five-year extension period.*

**Coding**



20. Please provide a comprehensive list of the CPT, ICD-9 CM, HCPCS and local codes that will be used to bill for family planning services under this waiver. We will be faxing you a copy of CMS's 1993 "Financial Management Guide for Family Planning Services" and the 9/8/97 update to that Guide. That material lists the CPT and ICD-9-CM codes that may be eligible for the 90% family planning match. If you plan to use codes not described in that material, please provide an explanation of each of the codes. .

RESPONSE

*See Attachment 13. We will send as soon as completed. We are continuing to perform the crosswalk.*